

State of Michigan Terri Lynn Land, Secretary of State

DEPARTMENT OF STATE LANSING

January 22, 2007

Mr. Edgardo Cortés Election Assistance Commission Amended 102 Reports 1225 New York Avenue, N.W., Suite 1100 Washington, DC 20005

Dear Mr. Cortés:

Enclosed please find a revised 2004 and 2005 financial status report (SF269) for Help America Vote Act (HAVA), Title I, Section 102 funds. As requested, the original reports submitted were amended as follows:

Accrual was selected as the method used to account for our federal appropriation in Box 7. This method will be maintained on succeeding reports for each calendar year until all funds are expended.

Final charges for indirect costs are included in Box 11, a, b, c and d.

If you have any questions regarding these reports, please contact Cindy Paradine, Michigan Department of State, Grants Management Section at (517) 373-7941.

Sincerely

Brian DeBano

Chief of Staff and Chief Operating Officer

Enclosures

pc: Christopher Thomas Joseph Pavona Gena Hyde Cindy Paradine

U.S. ELECTION ASSISTAN

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

to Which Report is Submitted	By Federal Grant or Other Id By Federal Agency	OMB Approval Page of No. 1 1					
U.S. Election Assistance Commission	Title I, 102	0348-0039 pages					
3. Recipient Organization (Name and complete add							
State of Michigan, Michigan Department Treasury Building, Fourth Floor, 430 We	st Allegan, Lansing, MI		o _t au.				
4. Employer Identification Number 38-6000134	Recipient Account NumberCFDA #39,011	er or Identifying Number	6. Final Report	7. Basis Cash Accrual			
Funding/Grant Period (See instructions)	G. B. (1,00.0 1 1	9. Period Covered by t		12 Oddii 12 Motiusi			
From: (Month, Day, Year) To: (Month, Day, Year)		From: (Month, Day, Year)		To: (Month, Day, Year)			
4/30/2003 8/8/2006		1/1/2004		12/31/2004			
10. Transactions:		I Previously Reported	I This Period	III Cumulative			
a. Total outlays		0.00	874,668.28	874,668.28			
b. Refunds, rebates, etc.		0.00	0.00	0.00			
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00			
d. Net outlays (Line a, less the sum of lines b and c)		0.00	874,668.28	874,668.28			
Recipient's share of net outlays, consisting of:		0.00	0.00	0.00			
Third party (In-kind) contributions Other Federal awards authorized to be used to match this award		0.00	0.00				
g. Program income used in accordance with the matching or cost		0.00	0.00	0.00			
sharing alternative h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00			
i. Total recipient share of net outlays (Sum of lin	es e, f, g and h)	0.00	0.00	0.00			
		0.00		0.00			
j. Federal share of net outlays (line d less line i)	46000	0.00	874,668.28	874,668.28			
k. Total unliquidated obligations				0.00			
Recipient's share of unliquidated obligations				0.00			
m. Federal share of unliquidated obligations				0.00			
n. Total Federal share (sum of lines j and m)				874,668.28			
o. Total Federal funds authorized for this funding period			VIENE	6,635,864.66			
 p. Unobligated balance of Federal funds (Line o 	minus line n)			5,761,196.38			
Program income, consisting of: q. Disbursed program income shown on lines consisting of the constant of the co	andler a shave	ty as the late to teach only a		0.00			
Disbursed program income shown on lines c: Disbursed program income using the addition			0.00				
s. Undisbursed program income				0.00			
t Total program income realized (Sum of lines of	ą, r and s)			0.00			
a. Type of Rate (Place "X" in a				///			
·	c. Base	d. Total Amount	Final e. F	Fixed ederal Share			
17.02%	0.00	0.00					
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
\$104,580.66 of interest was earned during this report period and is included in line o.							
13. Certification: I certify to the best of my know			plete and that all outla	ys and			
Unliquidated obligations are for the purposes set forth in the award documents. Typed or Printed Name and Title Joseph P. Pavona, Chief Financial Officer, Michigan Department of State Telephone (Area code, number and extension) (517) 241-4500							
	r Michigan Danastmant			umber and extension)			
Signature of Authorized Centifying Official	r, Michigan Department	t of State	(517) 241-4500 Date Report Submitted	umber and extension)			

Previous Edition Usable NSN 7540-01-012-4285 269-104

Standard Form 269 (Rev. 7-97)

U.S. ELECTION ASSISTAN RECEIVED

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

Federal Agency and Organizational Element to Which Report is Submitted U.S. Election Assistance Commission	Federal Grant or Other Id By Federal Agency Title I, 102	OMB Approval Page of No. 1 1		
Recipient Organization (Name and complete add		***************************************		pages
State of Michigan, Michigan Department Treasury Building, Fourth Floor, 430 We	of State	48918		
4. Employer Identification Number 38-6000134	1 1		6. Final Report Yes No	7. Basis Cash Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/30/2003 To: (Month, Day, Year) 8/8/2006		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2005		To: (Month, Day, Year) 12/31/2005
10. Transactions:		I Previously Reported	I This Period	III Cumulative
a. Total outlays		874,668.28	3,272,025.48	4,146,693.76
b. Refunds, rebates, etc.		0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00
d. Net outlays (Line a, less the sum of lines b and c)		874,668.28	3,272,025.48	4,146,693.76
Paginianta share of net culture, association of		skripalnegas-regiteerak eksas kije hijidar	year versioner stellings verby famil	
e. Third party (in-kind) contributions	tecipient's share of net outlays, consisting of: e. Third party (in-kind) contributions		0.00	0.06
f. Other Federal awards authorized to be used to			0.00	0.0ნ
Program income used in accordance with the matching or cost sharing alternative		0.00	0.00	0.00
h. All other recipient outlays not shown on lines of	e, forg	0.00	0.00	0.00
i. Total recipient share of net outlays (Sum of lin	es e, f, g and h)	0.00	0.00	0.00
j. Federal share of net outlays (fine d less line i)		874,668.28	3,272,025.48	4,146,693.76
k. Total unliquidated obligations		- VIIIIV		759,748.36
Recipient's share of unliquidated obligations				0.00
m. Federal share of unliquidated obligations	· • • • • • • • • • • • • • • • • • • •			759,748.36
n. Total Federal share (sum of lines j and m)	Accession .			4,906,442.12
o. Total Federal funds authorized for this funding period				6,765,672.73
p. Unobligated balance of Federal funds (Line o			1,859,230.61	
ajor, kalinjan sekska rovi, ang mporaktangapasan baginas kalin	gradinižana, nasarna na švatavja, i se sasti i			and the state of the state of the state of
Program income, consisting of: q. Disbursed program income shown on lines c				0.00
r. Disbursed program income using the addition alternative				0.00
s. Undisbursed program income				0.00
t. Total program income realized (Sum of lines of	q, r and s)			0.00
a. Type of Rate (Place "X" in appropriate box) 11. Indirect		termined	☐ Final	7 Fixed
Expense b. Rate 17.02%	c. Base 0.00	d. Total Amount 0.00	e. F	ederal Share 0.00
12. Remarks: Attach any explanations deemed ne	cessary or information requir		g agency in compliance	
governing legislation. Interest earned during this report period	totaled \$129,808.08. L	ine o includes total i	nterest income of \$	234,388.74
13. Certification: 1 certify to the best of my know			plete and that all outla	ys and
Unliquidated obligations are for the purposes set forth in the award documents. Typed or Printed Name and Title Joseph P-Pavona Chief Financial Officer, Michigan Department of State Telephone (Area code, number and extension) (517) 241-4500				
Signalure of Authorized Codiving Official		Date Report Submitted		
	per 1		January 18, 2007	

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